

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15707** (3)

1. Corporation Name

PORTFOLIO MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

Mailing Address

555 17TH ST
14TH FLOOR
DENVER CO 80202

555 17TH ST
14TH FLOOR
DENVER CO 80202

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons registered with the corporation

DATE of this FILING (Date of filing is not the date of registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, KENNETH S.	
STREET ADDRESS	555 17TH ST 14TH FLOOR	
CITY-ST-ZIP	DENVER CO	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	NASR, VALI	
STREET ADDRESS	555 17TH STREET, 14TH FLOOR	
CITY-ST-ZIP	DENVER CO	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	GEMAN, MARC N.	
STREET ADDRESS	555 17TH ST 14TH FLOOR	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OPATOWSKI, MICHAEL	
STREET ADDRESS	555 17TH ST 14TH FLOOR	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN R. GOLDSTONE	
STREET ADDRESS	555 17TH ST 14TH FLOOR	
CITY-ST-ZIP	DENVER CO 80202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	T NASR, VALI
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	S
33 STREET ADDRESS	Maureen E. Dobel
34 CITY-ST-ZIP	555 17th St., 14th Floor
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Denver, CO 80202
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vali Nasr

Vali Nasr

4/26/96

(303)292-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)